# ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY STATE ASSURANCE FUND

DIRECT PAYMENT REQUEST

# **DP-3: Instructions for Completing the Cost Work Sheet:**

1	2	3	4	5	6	7	8	9	10	11	12	13
					Cost				Subcontracted			Optional
	Preapproval			Activity	Schedule	Item	No. of		Cost	Total Mark-Up		Footnote
				or	_	Description						
REF	Line	Provider	Invoice	Phase	Item		Units	Unit Rate	Amount	On Subcontracted	TOTAL AMOUNT	See
No.	No.	Name	No.	Code	Code		Requested	Requested		Cost	CLAIMED	Instructions
1	100	Consultant A	12345	C1	00004	Staff Level	10	60.00	N/A	N/A	600.00	

## **Column 1: Reference Number (REF No.)**

Complete the "Ref. No." column with the same reference number used on the Primary Provider Checklist for the appropriate invoice(s) that includes costs for the item claimed on each line.

# Column 2: Preapproval Line No.

Complete this column with the applicable line number from the Cost Work Sheet attached to the approved preapproval Final Determination letter.

#### **Column 3: Provider Name**

Complete this column with the name of the Primary Provider <u>unless the costs on the line were invoiced by a Subcontractor or Retailer</u>. If costs were invoiced by a Subcontractor or Retailer, then insert the name of the Subcontractor or Retailer.

#### **Column 4: Invoice Number**

Complete this column with the associated invoice number for the Provider identified in Column 2. If the invoice is not numbered, use the invoice date.

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### **Column 5: Activity or Phase Code**

**Applying Activity Codes:** The Activity Code is a numeric code used to represent the activity which best describes the individual Cost Schedule Item Code submitted. If the Direct Payment request is submitted against an ADEQ-Approved Preapproval application that used Activity Codes (prior to July 1, 2005), then the Activity Code for the work claimed on the Direct Payment request should correspond to the Activity Code from the associated Preapproval application.

#### TABLE OF ACTIVITY CODES

ACTIVITY CODE	DESCRIPTION			
10	Work Plan Preparation			
20	Project Management/Coordination			
30	Health & Safety Plan			
40	Permitting/Access Agreements			
50	Field Investigations – Consultant Personnel Costs			
51	Field Investigations – Consultant Direct Costs			
52	Field Investigations – Contractor Costs			
53	Field Investigations – Analytical Costs			
60	Report Preparation			
70	Monthly Gauging/Free Product Removal			
80	Periodic Monitoring/Field Work			
90	Periodic Reporting			
100	CAP/Risk Assessment			
110	Remedial Activities – Pilot Testing			
111	Remedial Activities – Remedial System Installation			
112	Remedial Activities – Operation & Maintenance			
113	Remedial Activities – Analytical Services			
120	SAF Application Preparation			
99910	Other (Must Specify)			
99920	Other (Must Specify)			
99930	Other (Must Specify)			

**Applying Phase Codes:** The "Phase Code" is an alpha-numeric code identifying the applicable Phase of Corrective Action, Task completed during the Phase, and, if applicable, an Increment necessary to complete the Task. Phase Codes are provided in the Table of Phase Codes located in the July 1, 2005 Schedule of Corrective Action Costs. If the Direct Payment request is submitted against an ADEQ-Approved Preapproval application that used Phase Codes (after July 1, 2005), then the Phase Code for the work claimed on the Direct Payment request should correspond to the Phase Code from the associated Preapproval application.

#### Column 6: Cost Schedule Item Code

Complete this column using the appropriate code from the Schedule of Corrective Action Costs. If no applicable cost schedule code exists for the activity claimed on the line, insert "00000" in this column.

# **Column 7: Item Description**

Complete this column with the title of the cost schedule code (Column 5). If no applicable cost schedule code exists for the activity claimed on this line, insert a brief description of the activity and identify the applicable unit of measure. If the time and materials detail is not included on the associated

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invoice (the detail must be provided on the Work Sheet), each increment of the time and material detail must be on a separate line with the appropriate unit of measure.

## **Column 8: Number of Units Requested**

Complete this column with the number of units requested.

For costs that require time and materials detail:

- 1) if this detail is provided on the associated invoice, then the number of units requested on the associated line of the Work Sheet should be one (1), and a footnote in column 13 should indicate that the detail is on the referenced invoice; or
- 2) if the invoice does not contain time and materials detail, then the detail must be provided on the Work Sheet. The number of units requested for each unit of measure described in Column 6, must be on a separate line.

## **Column 9: Unit Rate Requested**

Complete this column with the unit rate requested. Amounts in excess of the schedule of corrective action costs will be denied. Other than markup, amounts in excess of the invoiced amount, that are within the maximum amount allowed under the applicable cost schedule item code, are not eligible for reimbursement.

#### **Column 10: Subcontracted Cost Amount**

Complete this column only if the costs claimed on the line are for contracted work or retail purchases. Insert the amount from the subcontractor invoice or retail receipt.

## Column 11: Total Mark-Up on Subcontracted Cost

Complete this column only if the costs claimed on the line are for contracted work or retail purchases. Insert the amount of markup claimed for the subcontractor invoice or retail receipt.

#### Column 12: Total Amount Claimed

Complete this column with the total cost claimed for each line (multiply the number of units requested by the unit rate requested plus any applicable markup). Amounts in excess of the schedule of corrective action costs will be denied. Other than markup, amounts in excess of the invoiced amount, that are within the maximum amount allowed under the applicable cost schedule item code, are not eligible for reimbursement.

# **Column 13: Optional Footnote**

Completion of this column is optional unless the Applicant is requesting evaluation of costs using form DP-4. If the Applicant is requesting evaluation of substituted costs then this column must be used to correlate the line on the Work Sheet with the Table of Substitutions (DP-4). Otherwise, use this column to provide information that will assist in evaluation of the costs claimed on the line.

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